UBO

"MTF Revenue Cycle Management"

Strengthening The Back End Processes

Cost Recovery Program
Manager's Training

Incentive Planning

Dawn Canales

Overview

- Why have a plan?
- What makes up a good plan?
- Selling the plan
- 366th MDG
- Discussion

Why have a plan?

- Motivate staff
- Enhance visibility
- Promote success of program

What makes up a good plan?

- Criteria clearly defined
- Easy to understand
- Attainable
- Fair
- Equal Opportunity

Examples

- Spot recognition (cookies, candy, certificates)
- Contests (most newly identified insurance records)
- TPC Appreciation Week (includes ALL hospital staff and patients)
- Monthly / Quarterly formal recognition

Selling the Plan

- Quantify the benefit
  - (e.g., increase injury identification by 50%)
- Equate the benefit to dollars
- Clearly show potential

366th MDG Incentive Plan

- Includes coding and insurance capture compliance
- Detailed tracking system
- Maintains a 95% or better compliance rate

Discussion

Questions?

MS Excel Pivot Tables

Richard Gordon, VP, Standard Technology

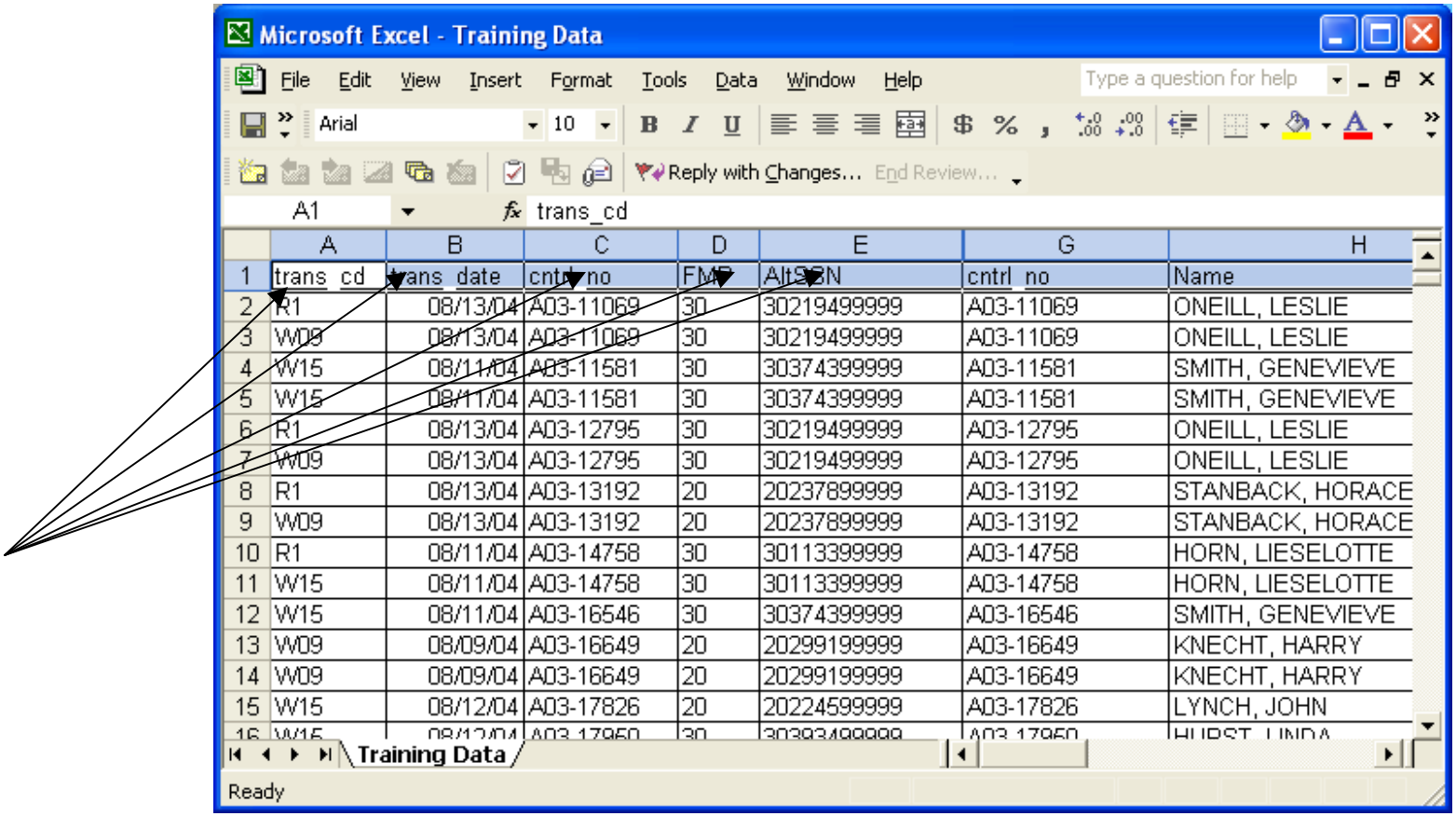
What do pivot tables provide?

- A way to quickly analyze large quantities of data
- Easy manipulation of columns and rows
- Dramatic reductions in calculation errors

How do you start

- First, identify the data that you would like to analyze
- Import / open the data table in MS Excel
- Ensure that all columns have a title
- Ensure that the properties of each field are appropriately set / formatted
  - Dates should be formatted as dates
  - Currency should be formatted as currency
  - Etc

Confirm all columns have titles



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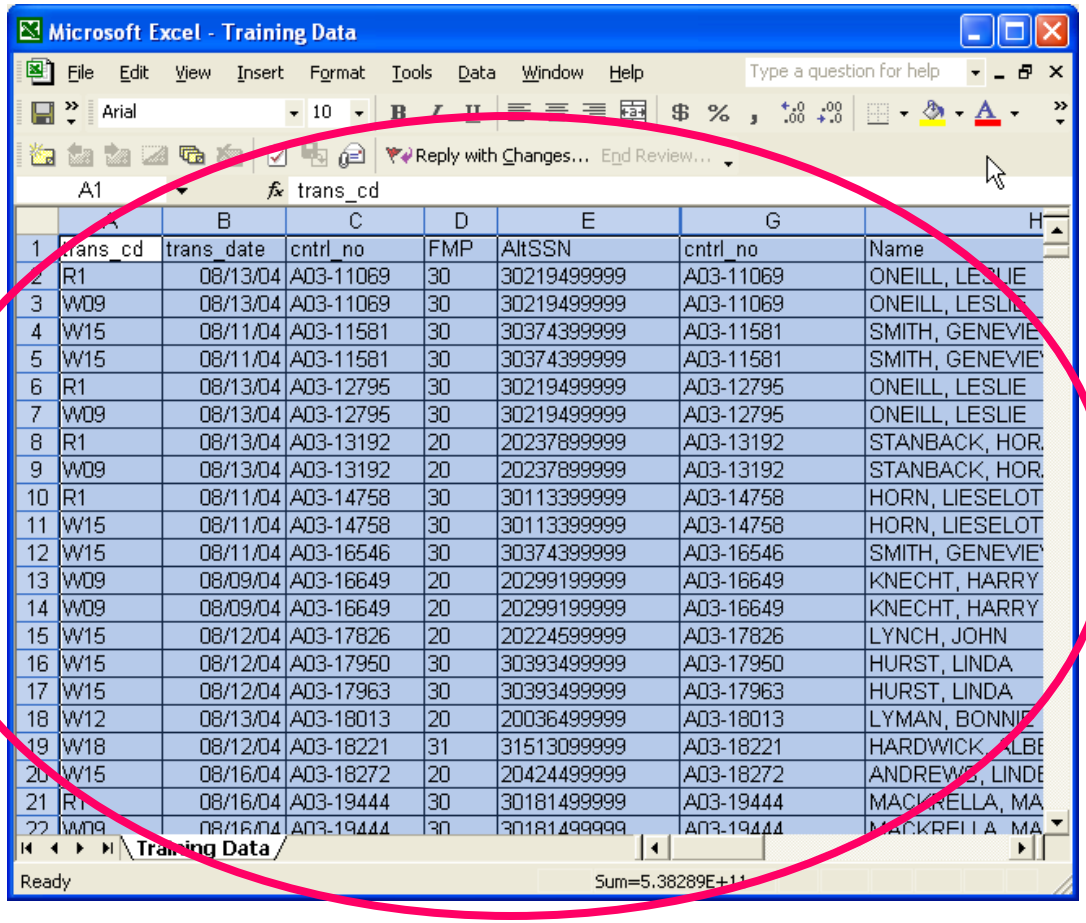
3	W09	08/13/04	A03-11069	30	30219499999	A03-11069	ONEILL, LESLIE
4	W15	08/11/04	A03-11581	30	30374399999	A03-11581	SMITH, GENEVIEVE
5	W15	08/11/04	A03-11581	30	30374399999	A03-11581	SMITH, GENEVIEVE
6	R1	08/13/04	A03-12795	30	30219499999	A03-12795	ONEILL, LESLIE
7	W09	08/13/04	A03-12795	30	30219499999	A03-12795	ONEILL, LESLIE
8	R1	08/13/04	A03-13192	20	20237899999	A03-13192	STANBACK, HORACE
9	W09	08/13/04	A03-13192	20	20237899999	A03-13192	STANBACK, HORACE
10	R1	08/11/04	A03-14758	30	30113399999	A03-14758	HORN, LIESELOTTE
11	W15	08/11/04	A03-14758	30	30113399999	A03-14758	HORN, LIESELOTTE
12	W15	08/11/04	A03-16546	30	30374399999	A03-16546	SMITH, GENEVIEVE
13	W09	08/09/04	A03-16649	20	20299199999	A03-16649	KNECHT, HARRY
14	W09	08/09/04	A03-16649	20	20299199999	A03-16649	KNECHT, HARRY
15	W15	08/12/04	A03-17826	20	20224599999	A03-17826	LYNCH, JOHN
16	W15	08/12/04	A03-17960	30	30393499999	A03-17960	HURST, LINDA

Highlight all data



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4	W15	08/11/04	A03-11581	30	30374399999	A03-11581	SMITH, GENEVIE
5	W15	08/11/04	A03-11581	30	30374399999	A03-11581	SMITH, GENEVIE
6	R1	08/13/04	A03-12795	30	30219499999	A03-12795	ONEILL, LESLIE
7	W09	08/13/04	A03-12795	30	30219499999	A03-12795	ONEILL, LESLIE
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9	W09	08/13/04	A03-13192	20	20237899999	A03-13192	STANBACK, HOR
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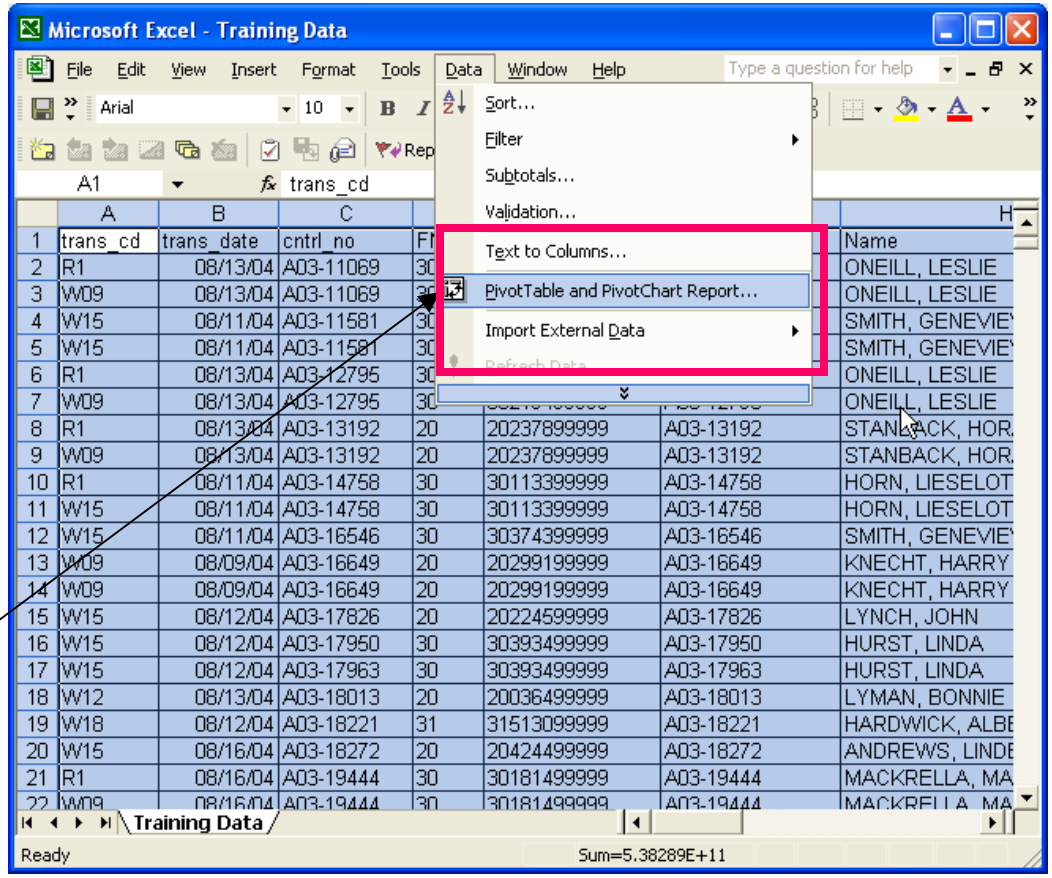
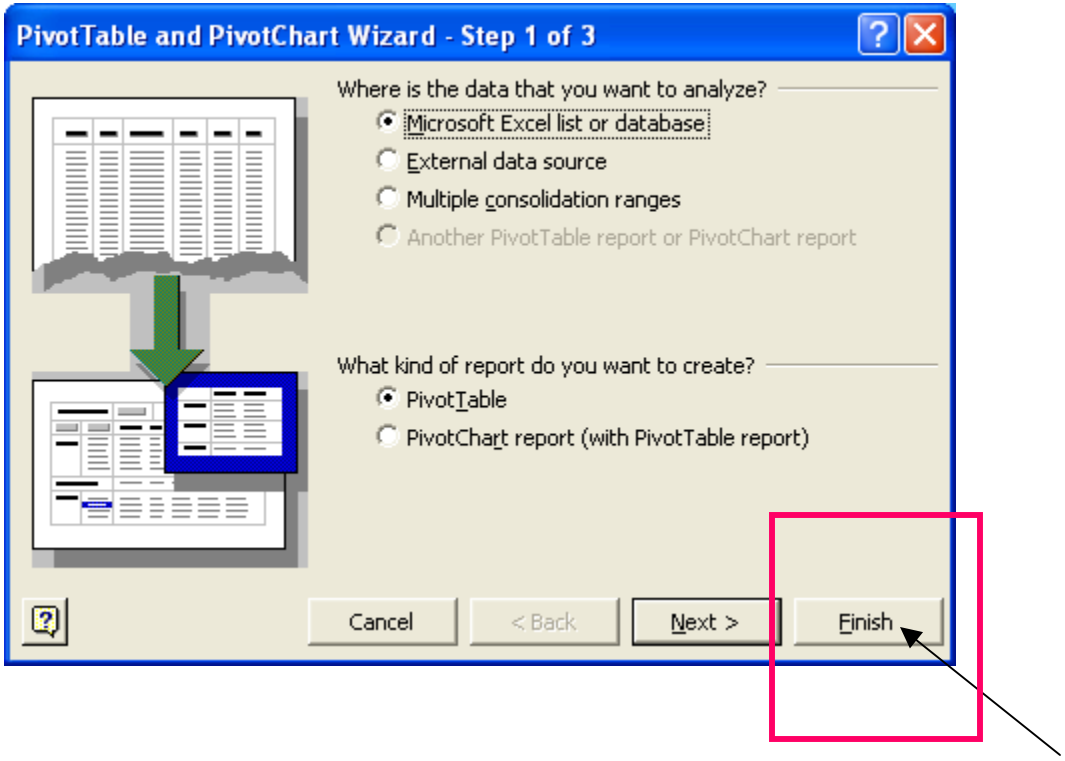
17	W15	08/12/04	A03-17963	30	30393499999	A03-17963	HURST, LINDA
18	W12	08/13/04	A03-18013	20	20036499999	A03-18013	LYMAN, BONNIE
19	W18	08/12/04	A03-18221	31	31513099999	A03-18221	HARDWICK, ALBE
20	W15	08/16/04	A03-18272	20	20424499999	A03-18272	ANDREWS, LINDE
21	R1	08/16/04	A03-19444	30	30181499999	A03-19444	MACKRELLA, MA
22	W09	08/16/04	A03-19444	30	30181499999	A03-19444	MACKRELLA, MA

Select "Pivot" from "Data" menu



Press "Finish"



This is the easiest way to create a new Worksheet within your existing Workbook

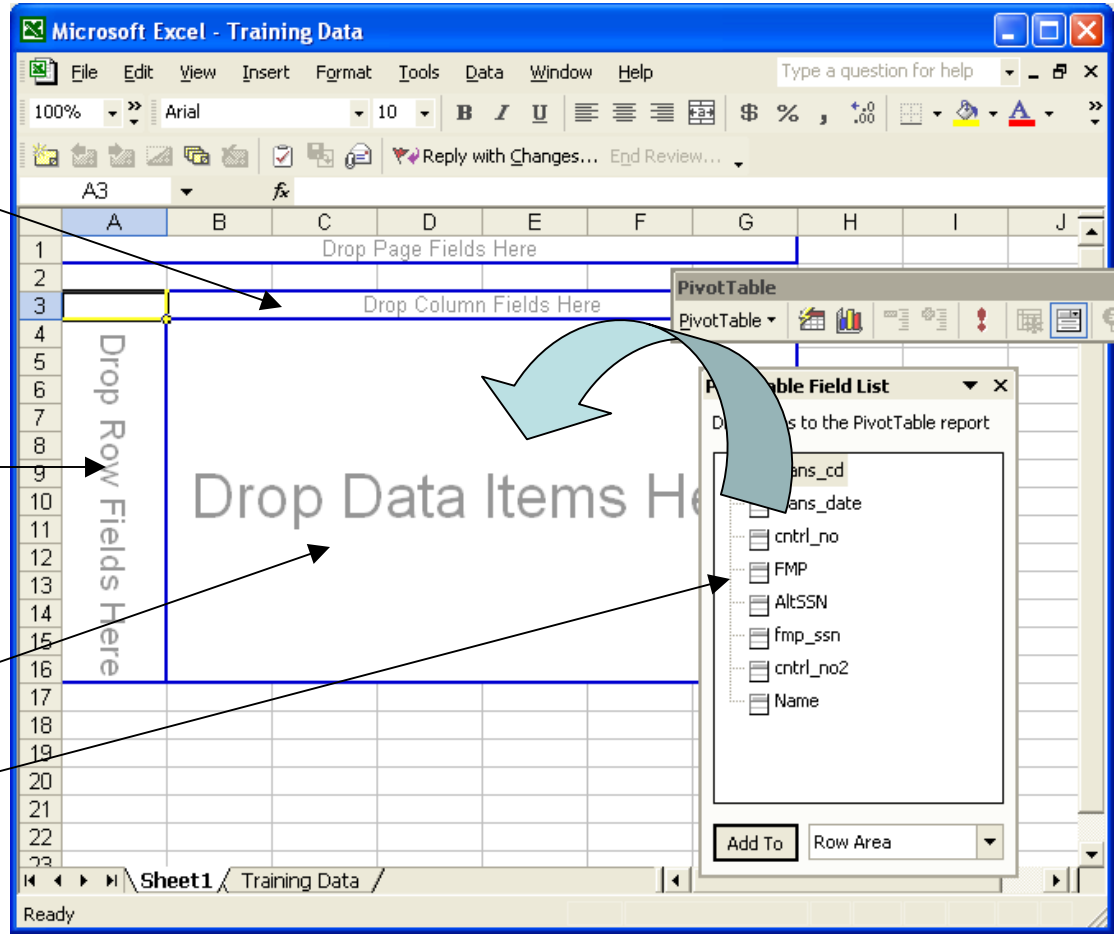
Drag fields to these areas

Fields that define columns

Fields that define rows

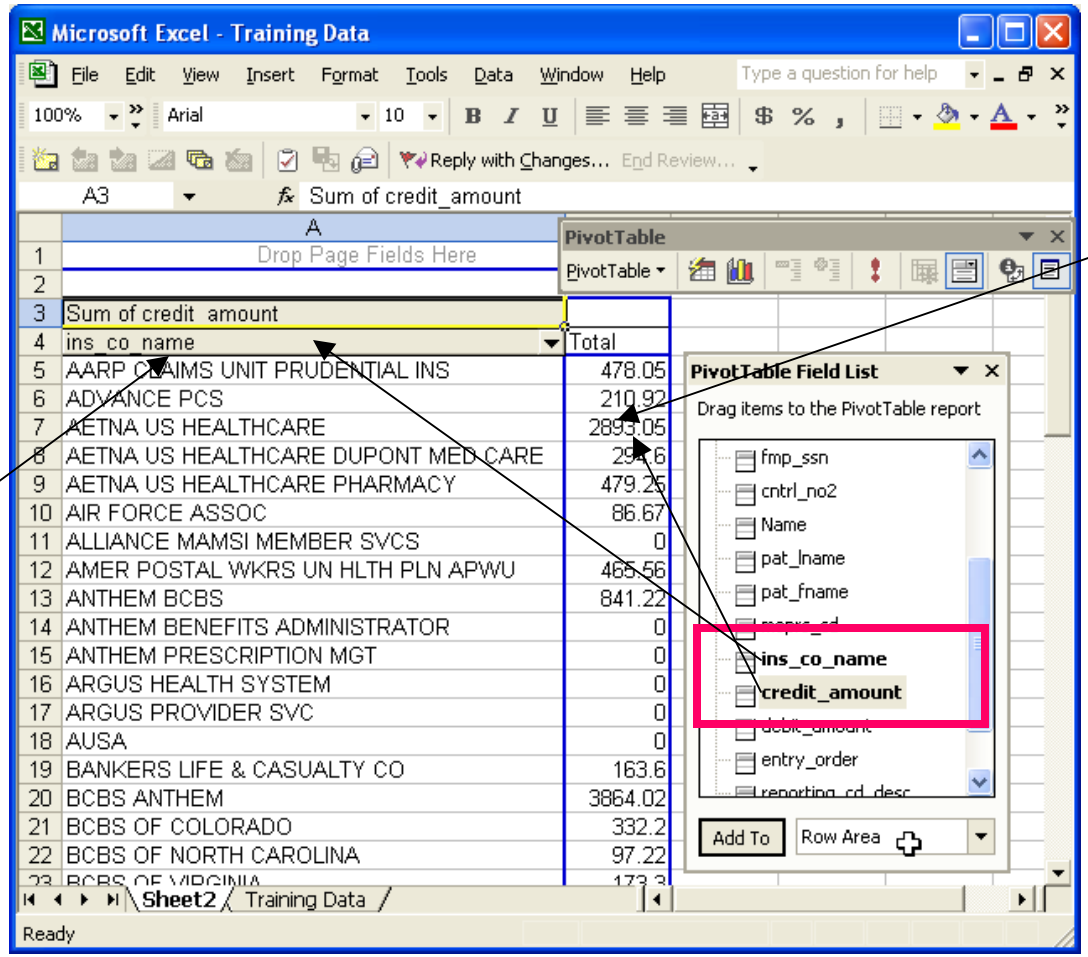
Data that will be summed

List of all fields



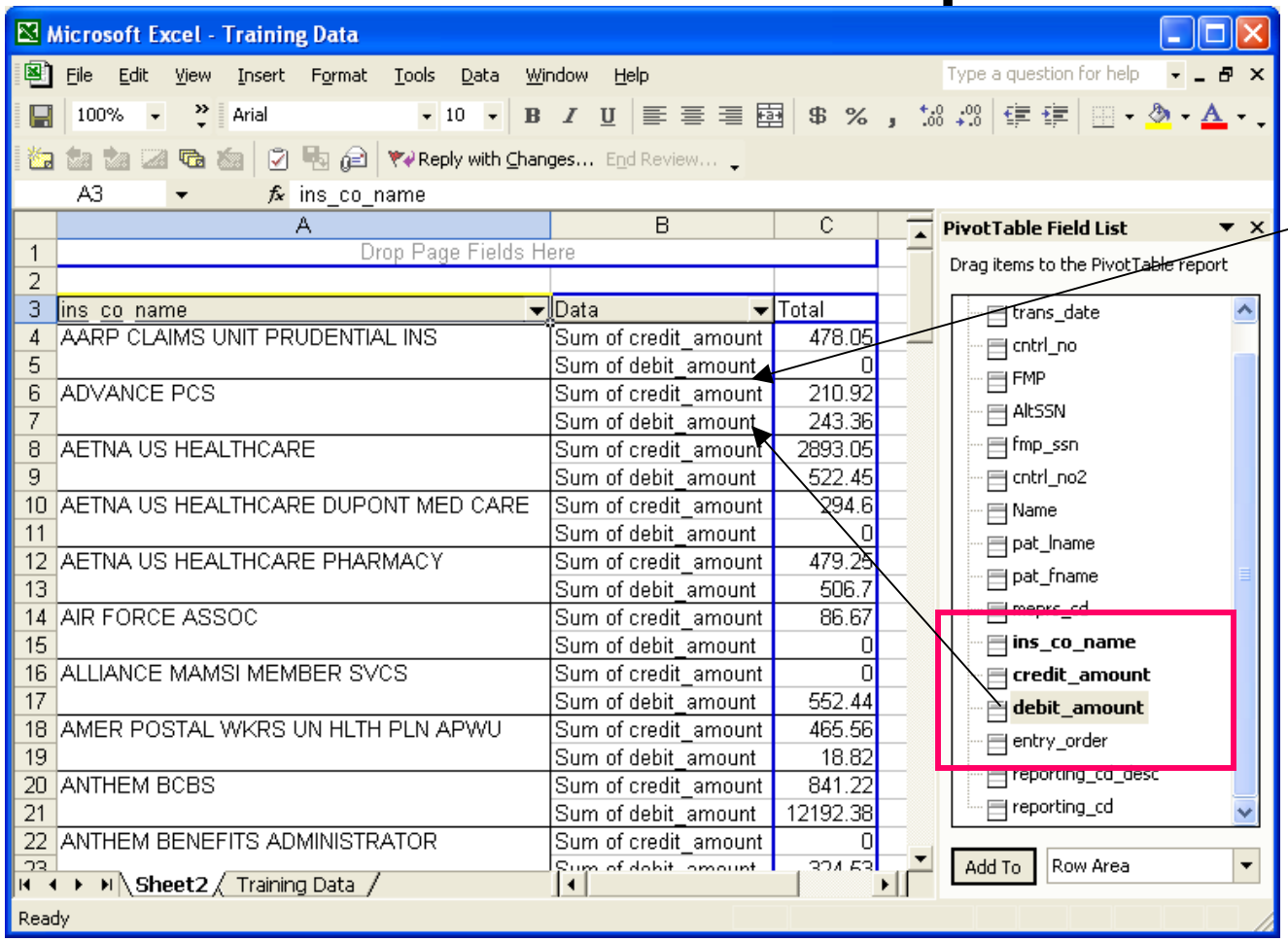
Sample

The "ins_co_name" field was dragged to the "Row" area



"Credit_Amount" was dragged to the "Data" area

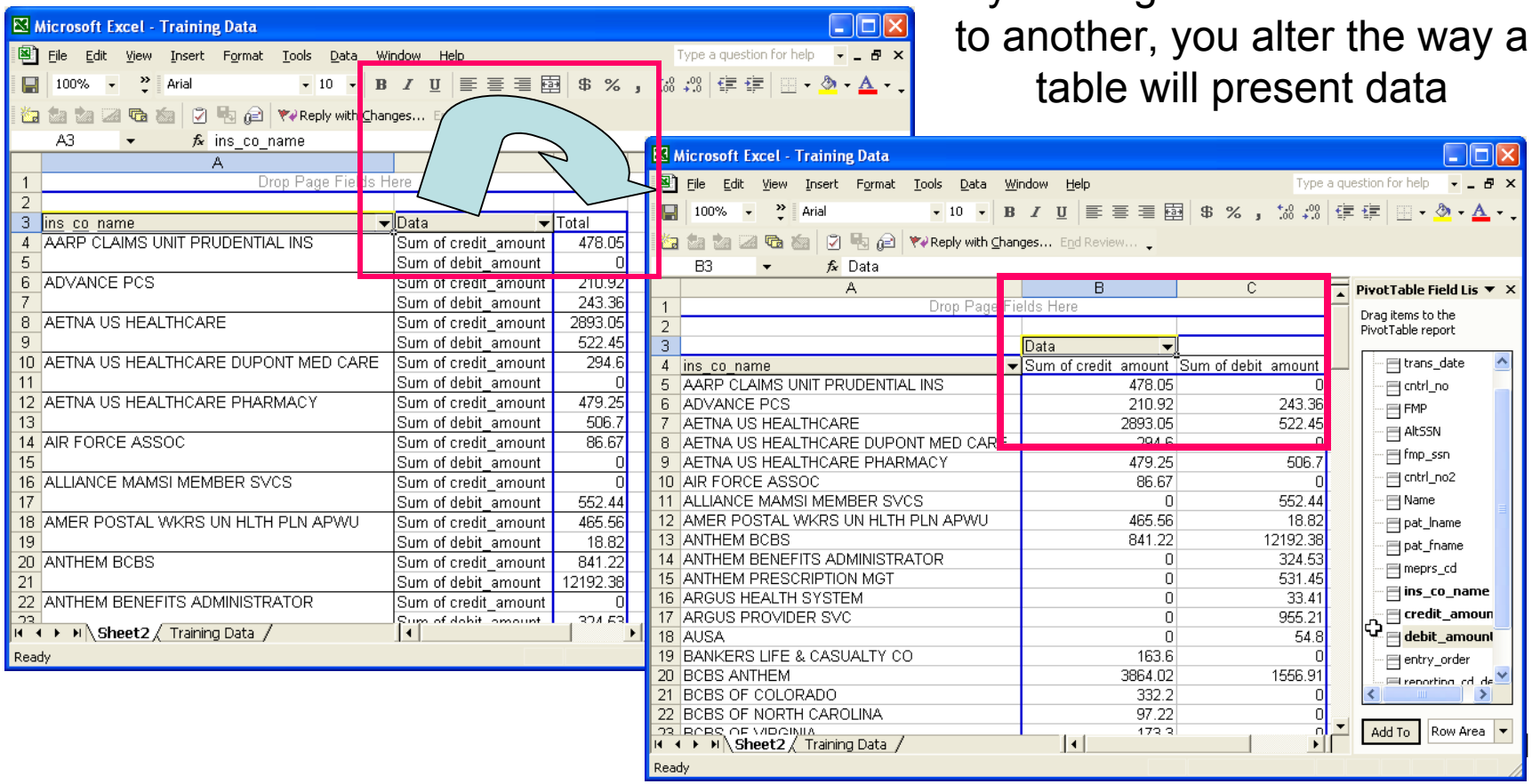
Sample



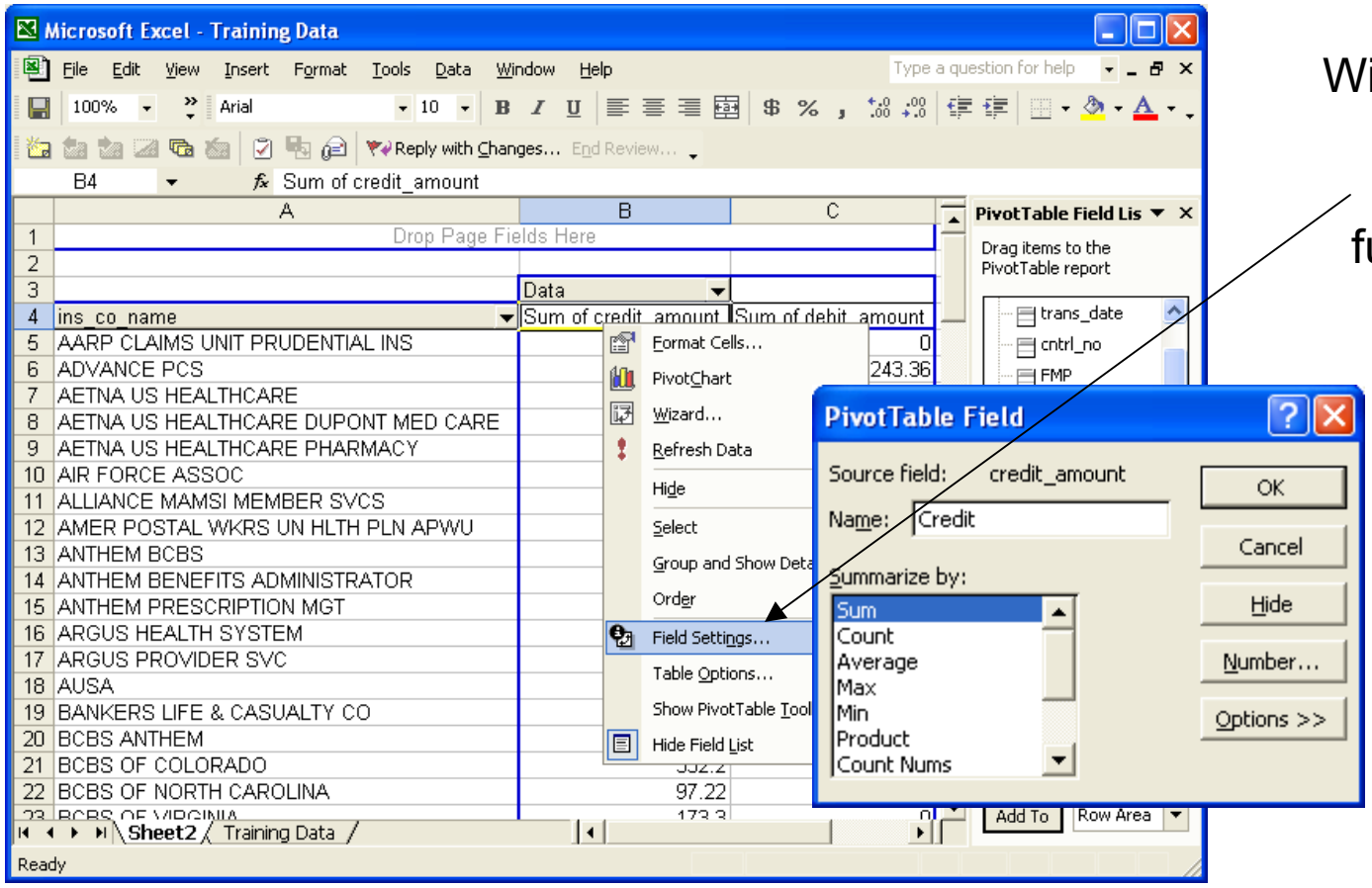
Debit_Amount was added to the data area

Data field moved to "Total"

By moving field from one area to another, you alter the way a table will present data

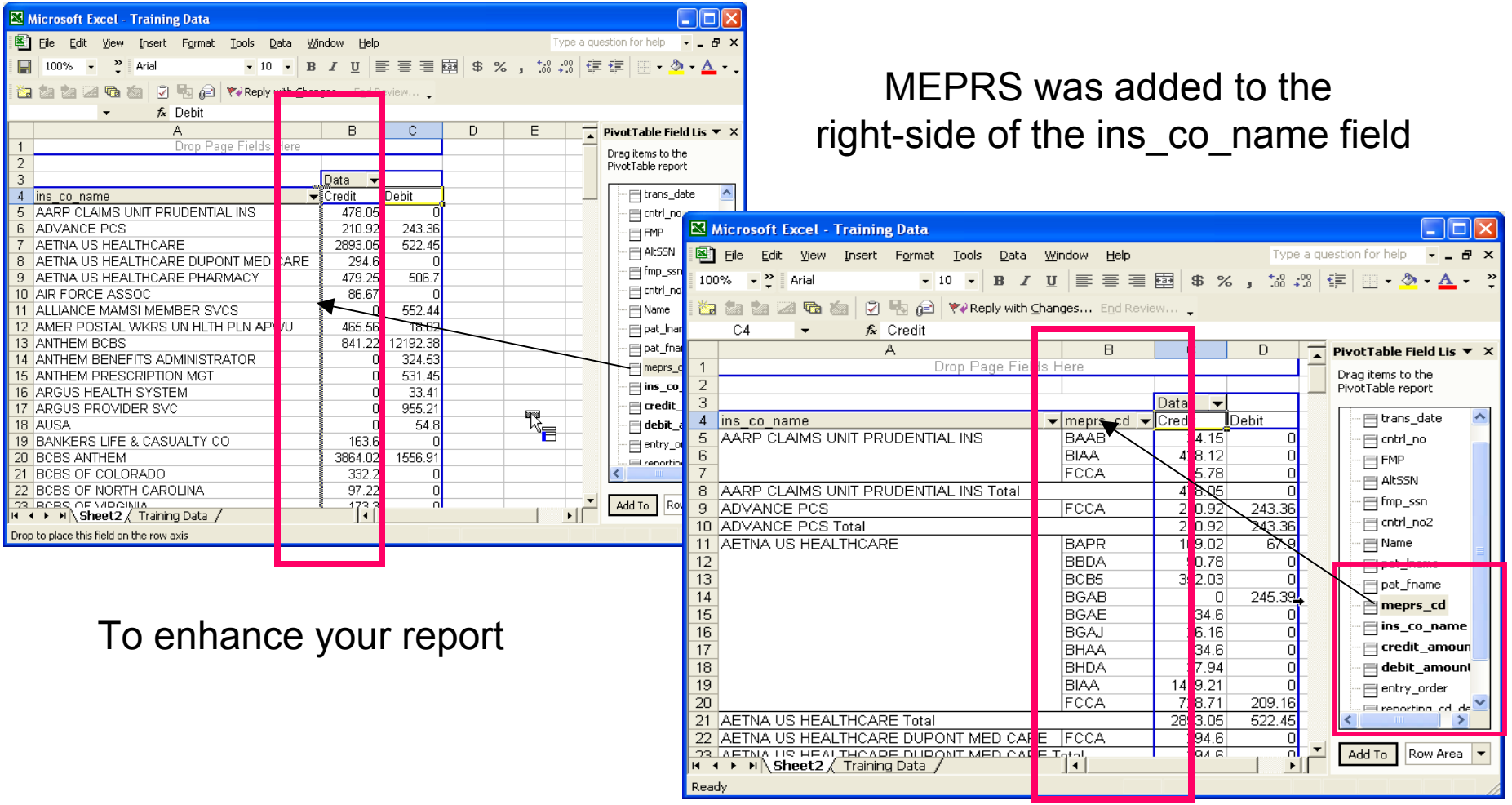


Rt-Mouse - Column / Field Properties



Will allow you to rename, or change the functions of a column

Drag additional fields

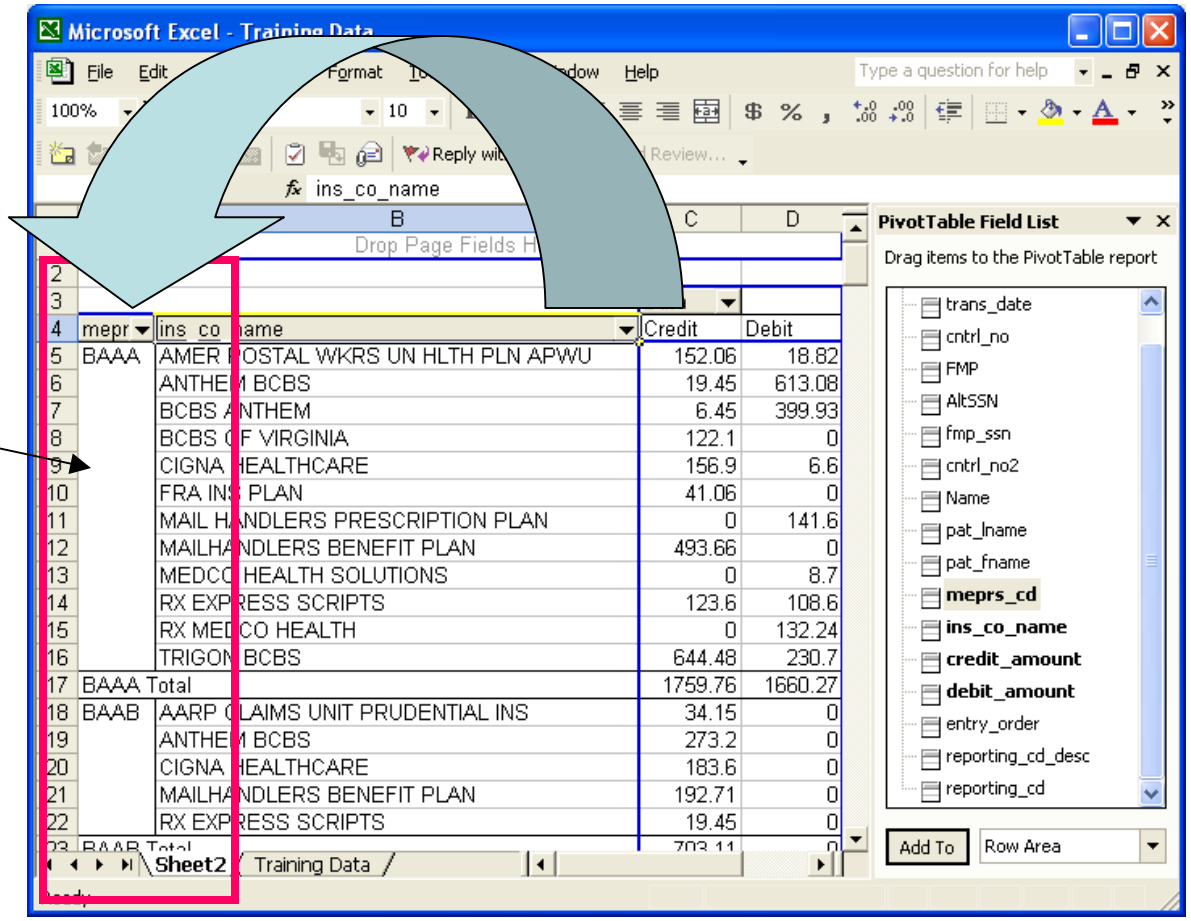


MEPRS was added to the right-side of the ins_co_name field

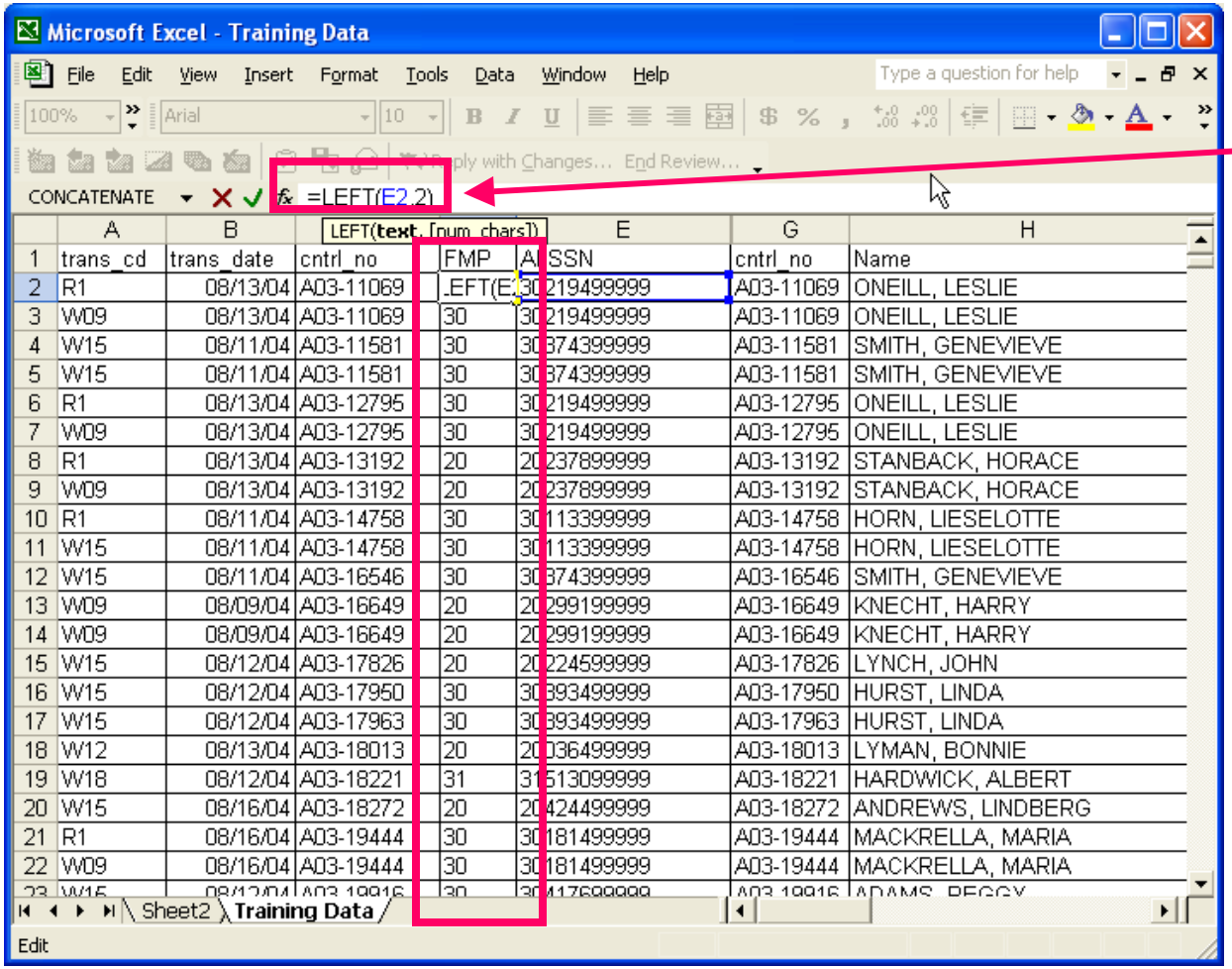
To enhance your report

Move fields around

MEPR moved to the left-side of the ins-co-name field



Use Excel functions to create useful columns



	A	B	C	D	E	G	H
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2	R1	08/13/04	A03-11069	=LEFT(E2,2)	219499999	A03-11069	ONEILL, LESLIE
3	W09	08/13/04	A03-11069	30	219499999	A03-11069	ONEILL, LESLIE
4	W15	08/11/04	A03-11581	30	374399999	A03-11581	SMITH, GENEVIEVE
5	W15	08/11/04	A03-11581	30	374399999	A03-11581	SMITH, GENEVIEVE
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14	W09	08/09/04	A03-16649	20	299199999	A03-16649	KNECHT, HARRY
15	W15	08/12/04	A03-17826	20	224599999	A03-17826	LYNCH, JOHN
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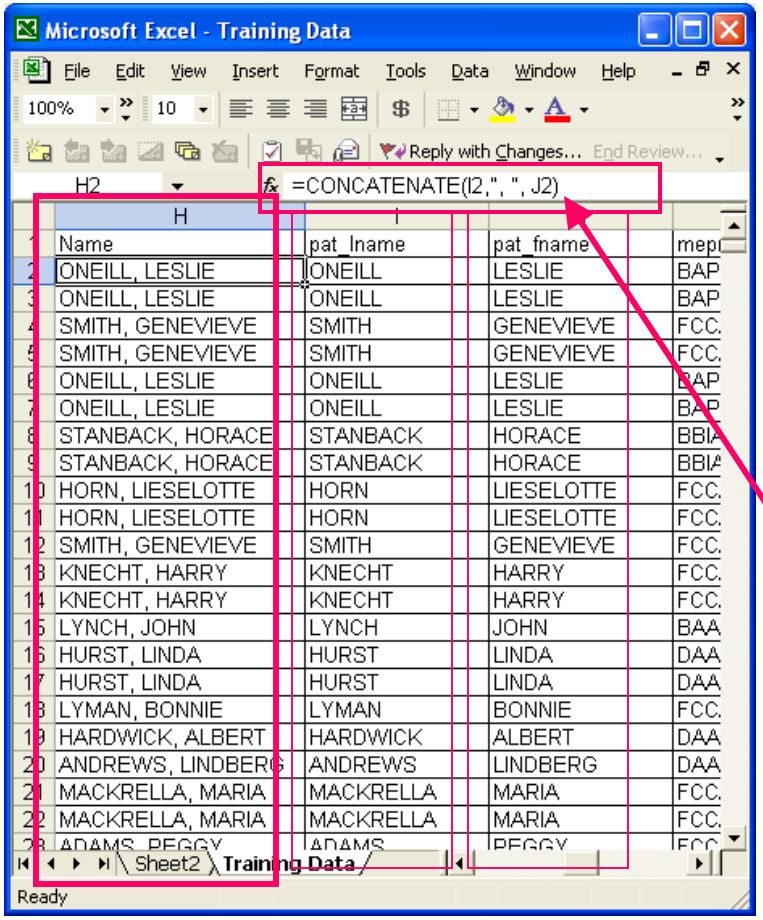
19	W18	08/12/04	A03-18221	31	513099999	A03-18221	HARDWICK, ALBERT
20	W15	08/16/04	A03-18272	20	424499999	A03-18272	ANDREWS, LINDBERG
21	R1	08/16/04	A03-19444	30	181499999	A03-19444	MACKRELLA, MARIA
22	W09	08/16/04	A03-19444	30	181499999	A03-19444	MACKRELLA, MARIA
23	W15	08/12/04	A03-19916	30	417699999	A03-19916	ADAMS, PEGGY

=Left(E2,2)

Used to pull the left two characters from a AltSSN in Column "E"

Note: If you delete, or alter a column used in a calculation the system will display a "ref error" message indicating that something it requires is no longer available

Use Excel functions to create useful columns



	H	I		
1	Name	pat_lname	pat_fname	mepi
2	ONEILL, LESLIE	ONEILL	LESLIE	BAP
3	ONEILL, LESLIE	ONEILL	LESLIE	BAP
4	SMITH, GENEVIEVE	SMITH	GENEVIEVE	FCC.
5	SMITH, GENEVIEVE	SMITH	GENEVIEVE	FCC.
6	ONEILL, LESLIE	ONEILL	LESLIE	BAP
7	ONEILL, LESLIE	ONEILL	LESLIE	BAP
8	STANBACK, HORACE	STANBACK	HORACE	BBIA
9	STANBACK, HORACE	STANBACK	HORACE	BBIA
10	HORN, LIESELOTTE	HORN	LIESELOTTE	FCC.
11	HORN, LIESELOTTE	HORN	LIESELOTTE	FCC.
12	SMITH, GENEVIEVE	SMITH	GENEVIEVE	FCC.
13	KNECHT, HARRY	KNECHT	HARRY	FCC.
14	KNECHT, HARRY	KNECHT	HARRY	FCC.
15	LYNCH, JOHN	LYNCH	JOHN	BAA
16	HURST, LINDA	HURST	LINDA	DAA
17	HURST, LINDA	HURST	LINDA	DAA
18	LYMAN, BONNIE	LYMAN	BONNIE	FCC.
19	HARDWICK, ALBERT	HARDWICK	ALBERT	DAA
20	ANDREWS, LINDBERG	ANDREWS	LINDBERG	DAA
21	MACKRELLA, MARIA	MACKRELLA	MARIA	FCC.
22	MACKRELLA, MARIA	MACKRELLA	MARIA	FCC.
23	ADAMS, PEGGY	ADAMS	PEGGY	FCC.

=Concatenate(I2, “, “, J2)

Note: Many times, elements of a formula are separated by a comma. In this formula, it just so happens that I wanted to insert a comma between the first and last name. The inserted comma required quotes

=Concatenate(I2, “, “ , J2)

Used to merge the pat_lname in “I2” and the pat_fname in “J2” with a comma in the middle to create a single name

All of the functions that have been outlined in the presentation are available in any good MS Excel book for Advanced users.

Payer and Provider Follow-Up

Dawn Canales, STI

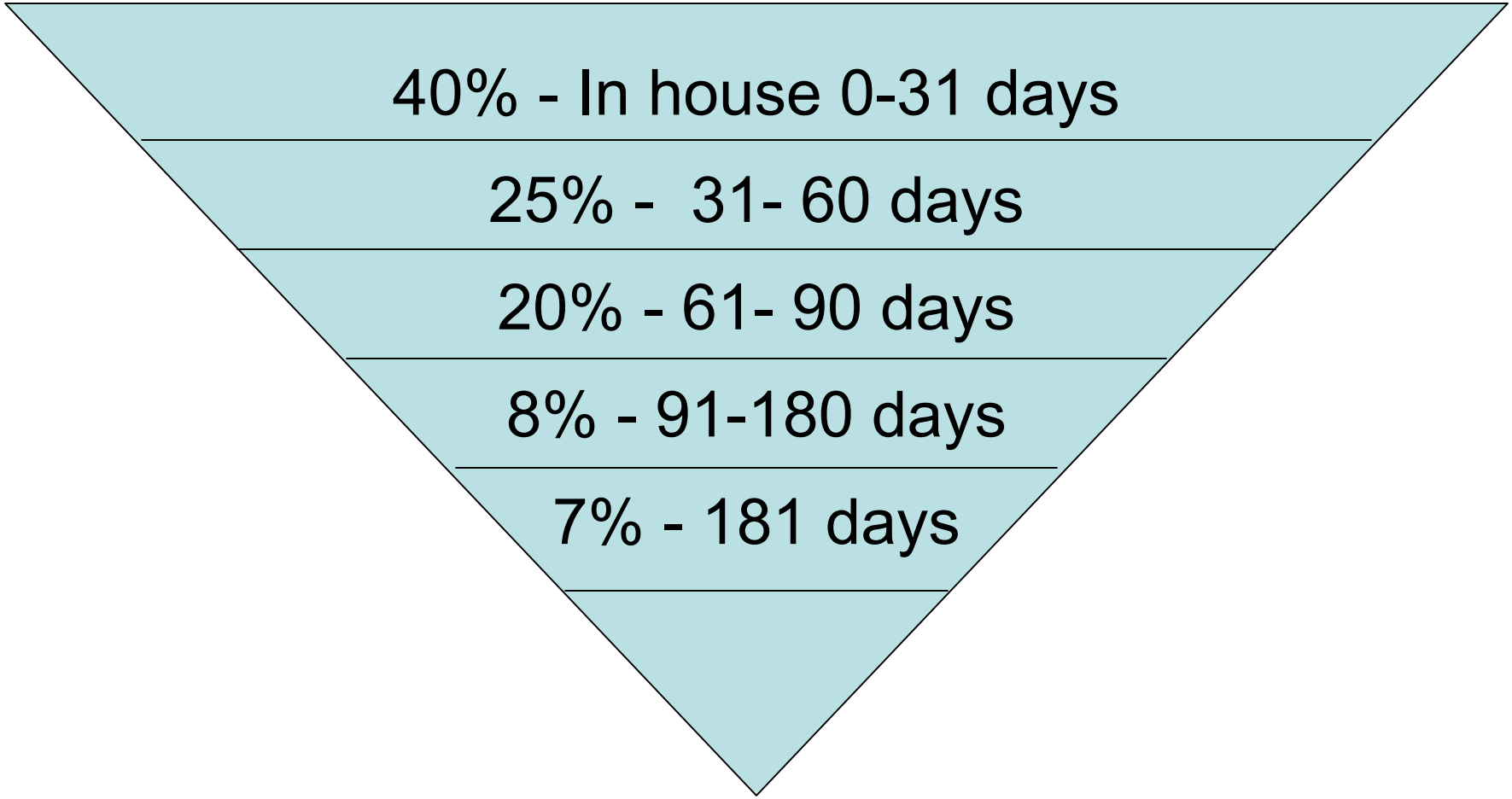
Overview

- Definition
- Ideal Accounts Receivable Aging
- Guidance
- Tools
- Techniques / Approaches / Goals
- Discussion

What is effective payer and provider follow-up?

Least amount of time spent for highest collection

Ideal Accounts Receivable Aging Table



Source – AAHAM Patient Financial Services Resource Guide

Guidance

- 32 CFR, Part 220
- DoD 6010.15, Chapter 3 and 4
- Service Regulations

Management Tools

- Ad-hoc reports
- Accounts Receivable Spreadsheet or Database
- Carrier Correspondence
- Payer language

Approach

- Payer Relations
  - Top Ten Carriers
  - Face-to-face meetings
  - Payer rules and guidelines
- Staffing
  - Ratio
  - Structure
  - Personality

Techniques

- Organize
  - Controllable - Provider
  - Uncontrollable - Payer
  - Legal Support
- Prioritize
  - High Dollar
  - Age

Setting Goals

- Key Performance Indicators
  - Daily, Weekly, Monthly
- Quarterback Sessions

Discussion

Key Performance Indicators

Dawn Canales, STI

Overview

- Definition
- What qualifies as a good KPI?
- Examples
- DoD Metrics
- How to use KPI to monitor your organization's progress.

Key Performance Indicator - Defined

A quantifiable measurement that reflects critical success factors of an organization.

Source – Key Performance Indicators Article by John Reh

What are KPIs?

- Must reflect organizations goals
- Must be key to success
- Usually are long term considerations
- Measure must be quantifiable and clearly defined

Must be Quantifiable

- Must be accurately defined
- Must determine measurement
- Must have target

Example of a Bad KPI

Title	Increase Collections
Definition	Change in collections each month
Measurement	Total collections for each month
Target	Increase collections

Source – Key Performance Indicators Article by John Reh

Example of Good KPI

Title	Increase Collections
Definition	The dollar amount of collections from all revenue sources (TPC, MSA, MAC) displayed by month for the current and past two fiscal years.
Measurement	The billing systems (CHCS and TPOCS) contain dollars collected by revenue source. Each month the UBO Manager will post collections to the graph.
Target	Increase collections by 2% each month

Source – Key Performance Indicators Article by John Reh

DoD Performance Metrics

Working with the results

- Use as a performance tool
- Review the processes associated with the KPI
- Meet with staff and determine process improvement measures
- Monitor improvement
- Post everywhere

Questions?

A Guide to Establishing a Compliance Program

Presented by
Mr. Edward Fonseca
UBO Project Manager, HQ ACC
Office of the Command Surgeon

2004 UBO Pilot Training

"Strengthening the Back End Processes"

Overview

- *What is Compliance?*
- *Establishing your Compliance Program*
- *Key players in the facility*
- *Preparing your Compliance Binder/Manual*
- *The role of the MTF with the New Central Contract*
- *Establish/update your MOU with Base Legal*
- *Why have a Compliance Program?*
- *References*
- *Closing summary*

What is Compliance?

"The Development and distribution of acceptable Standards of Conduct and the commitment to comply with lawful practices of Billing & Coding. Designation of a Compliance Officer, Education & Training of Staff, as well as ongoing Internal and External Monitoring and Auditing."

"A Plan of Attack"

Establishing your Compliance Program

- Appoint a Compliance QAE; in writing
- Establish a Compliance Committee
- Schedule a meeting to discuss purpose, goals and objectives
    - Must have agenda and minutes
- Announcement to the MTF, to include identifying a poc for reporting issues, problems or concerns
- Perform a baseline assessment of your program
- Conduct training
- Documentation
- Follow-up/corrective actions
- Marketing

Establishing your Compliance Program

- ***Marketing*** ***(ALL Aboard!)***
  - Brochures in the Clinics
  - Posters in Lobby waiting room areas
  - Base Paper Ads ***(did I mention; FREE)***
  - Hospital News letter
  - Take Ten at the retiree briefings
  - Take Ten at the Hospital right start briefings
  - Someone in the lobby on retiree day

    -- 1st of the month, front of Pharmacy (***w/goodies***)

Key players in the facility

- OHI Collection Staff
- Budget Analyst
- TPC QAE
- Coding Auditor
- GPM
- DQ Manager
- MEPRS Coordinator
- Clinical Manager (OICs & NCOICs)

Note: *These folks would be great candidates for your compliance committee*

Preparing a Compliance Binder

- Appoint Letter
- UBO Business Rules
- POC list; Contractor Hub QAE, MAJCOM, Gunter & Air Staff
- Staff Training Log (Monthly, Quarterly and Annual)
- Meeting schedule, agenda's and previous minutes
- Copy of any internal assessments completed
- TPC & Coding Guides/References
- DoD UBO Compliance Checklist
- Copy of Code of Federal Regulations (CFR)
- TPC & Coding AFAA, HSI and JACHO Reports
  - Documentation of findings and corrective actions!
  - Record of distribution to appropriate departments
  - Documentation of re-training

The role of the MTF with the New Central Contract

- Provide maximum participation in the collection and verification of OHI (Other Health Insurance)
- Establish a solid Coding Compliance Plan that includes audits and coordinated feedback directly back to the providers
  - If providers have begun coding using CHCS II; make sure you have **ongoing** training and support.
  - If certified coders are coding; make sure you have an outside entity to perform the audits. Also, audits findings must be shared with the coders and appropriate training given.
  - Prospective and retrospective billing audits
  - The recommended priority for certified coding staff should be;
    - CPC or CCS-P
    - RHIA or RHIT

The role of the MTF with the New Central Contract

- ***Guess what?*** MTF still has overall responsibility for the MSA Civ ER & Third Party Collections Program
- Monitor and measure Contractor performance against key performance indicators (KPIs)
- Perform monthly TPC Financial Reconciliation
- Appoint a UBO Manager that will;
  - Ensure pertinent monthly data is received from the contractor
  - Develop and implement regular UBO compliance education and training for all staff involved in the UBO process
  - Establish and maintain a marketing level of effort to the patients and MTF staff

The role of the MTF with the New Central Contract

- Closely monitor and track refunds from both the process and financial prospective
- Monitor billed verses collected amounts
- Chart progress month to month, comparing prior year

Additional recommendations:

MTF QAE should use TPOCS to pull the following reports;

1. Clinical Summary Reports by month
2. Write-off breakout report (if done by contractor)
3. Positive Balance Reports
4. Negative Balance Reports
5. Last page of Accounts Receivables

Establish/update your MOU with Base Legal

- Your MTF should have a signed MOU that covers both TPC and MAC/TPL. Signed by the MTF Commander and a representative from Base Legal. ***(a template is available)***

SJA's responsibilities & right to collect are outlined under:

-- AFI 51-502, Chap 5, Section 5.2.2.1 & 5.4.1.1.

-- AFI 41-120, Medical Resource Operations

-- The Federal Medical Care Recovery Act

Why have a Compliance Program?

- It's a requirement

- Benefits
  - Reduces the opportunity for Fraud and Abuse
  - Improves Coding and Documentation
  - Provides a centralized resource of information for the staff
  - Encourages the staff to report potential problems
  - Accountability by managers and staff
  - Early detection and quick resolution for problem areas
  - Establishment of proactive measures
  - Potential for increased revenue

References

UBO site: http://www.tricare.osd.mil/ebc/rm_home/ubo_home.cfm

UBU site: http://www.tricare.osd.mil/org/pae/ubu/Default.htm

http://www.access.gpo.gov/nara/about-cfr.html#page1

- Www.medicare.gov/FraudAbuse/Overview.asp
- www.medicare.gov/Publications/rmf.pdf
- www.healthfinder.gov/htmlgen/HFKeyword.cfm
- www.hhs.gov/progorg/oig/readrm/index.htm
- www.hhs.gov/progorg/oig/modcomp/index.htm
- www.hhs.gov/progorg/oig/modcomp/thirdparty.htm
- www.access.gpo.gov/nara/cfr/index/html
- www.hhs.gov/progorg/oig/new.html
- www.pahcom.com
- www.mgma.com

Closing summary

3 Keys to success

1. We must do our part at the MTF level to collect the OHI and support the program by working with the contractor!

2. We must continue to improve our coding and coding processes!

3. We must continuously monitor, track, document, evaluate, provide training and *most of all; take action when needed!* Compliance will be a work in progress.

Questions???

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HIPAA
National Provider Identifier
Integrated Project Team

Recommendation for Enumeration of Military Health System **Organizational** Providers

NPI Overview

- Two categories of health care providers to be enumerated:
  - Entity Type 1 – Individual Providers
    - Tracks to the "Professional Component" of an encounter
    - For example: Physicians, Physical Therapist, Certified Registered Nurse Anesthetists
  - **Entity Type 2 – Organizational Providers**
    - Tracks to the "Institutional Component" of an encounter
    - Think "building costs" in civilian healthcare system
    - For example: hospital, doctor's office, reference laboratory, CVS Pharmacy, ambulance service, imaging center, ambulatory surgery center

NPI Background

- NPI Final Rule (45 CFR, Part 162) published in the Federal Register on January 23, 2004
- Mandates an all numeric 10 digit National Provider Identifier (NPI) to identify covered health care providers in HIPAA standard transactions
- Enumeration of providers to begin May 23, 2005
  - The National Plan and Provider Enumerator System (NPPES), developed under contract with Health and Human Services, will be the computer system to assign NPIs, store data about the providers and apply updates to provider data when received.
- Compliance date - May 23, 2007
  - After this date, the NPI is the only identifier that can be used to identify providers in the HIPAA standard transactions.

Recommendation: Organizations That Must Obtain an NPI-Type 2

- In General:
  - Those with legislative authority to bill
    - Defense Health Program (DHP) funded facilities
    - Air Evacuation
  - Military Treatment Facilities that generate Standard Inpatient Data Reports (SIDRs) and Standard Ambulatory Data Reports (SADRs)
  - Facilities that may initiate / receive electronic referrals

Uniform Business Office Responsibilities

- Provide guidance to Services on what data elements need to submitted to UBO for Type 2 NPI application
- Submit for NPI based on Service furnished data
- Ensure NPI is submitted to the appropriate data base / repository (probably the DMIS ID table)
- Ensure updates to NPI data are submitted to the NPPES within 30 days of notification of change

Service Responsibilities:

- Submit required data elements for all MTFs generating bills or initiating and receiving referrals/consults to TMA Uniform Business Office (UBO)
- Notify UBO of NPI when received
- Report changes in data elements to TMA UBO within 15 days of the change

Recommendation: DoD Health Affairs Policy

- Propose the ASD/Health Affairs disseminate a Policy Memorandum by X Date, to the Assistant Secretaries of the Army, Navy & Air Force to address:
  - **Who** – is responsible for obtaining Type 2 NPIs for MHS facilities
    - The UBO using Service furnished data
  - **When** - Type 2 NPIs will be required
    - Begin applying on May 23, 2005
    - Obtain by May 23, 2007
  - **How -** MTF Commanders can submit data elements to the TMA UBO for obtaining Type 2 NPIs for their facilities

Recommendation: DoD Health Affairs Policy (Cont'd)

- **Where -** Type 2 NPIs should be submitted once obtained
- **What -** the Services' responsibilities will be
  - Surgeons General to disseminate instructions to MTF Commanders by X Date, 2005 to include this policy and UBO / UBU guidance and any additional details regarding the Type 2 NPI enumeration process
  - Submit required data elements for all MTFs generating bills or initiating and receiving referrals/consults to TMA Uniform Business Office (UBO)
  - Notify UBO of NPI when received
  - Report changes in data elements to TMA UBO within 15 days of the change

How Provider Taxonomies Fit In

- Each organizational provider is required to list one or more Provider Taxonomies on the Type 2 NPI application
  - In preparation for this requirement, UBO is working to develop definitions for several new and existing MHS specific organizational provider taxonomies for different types of Military organizational providers
    - Military Clinics / Centers (fixed, deployed)
    - Military Hospitals (fixed, deployed)
    - Military Laboratories not associated with an MTF
    - Military Pharmacies, both associated with an MTF and those not associated with an MTF
    - Military Ambulances
  - For electronic billing, referrals and other HIPAA electronic transactions, NPIs will be used in conjunction with HIPAA Provider Taxonomies to identify specific subparts of an MTF

Example of NPI Type 2 Used with Provider Taxonomies

- Hill Clinic will have a unique 10-digit NPI Type 2. It will have the following HIPAA Provider Taxonomies:
  - 261QM1100X Military Outpatient Services,
  - 261QM1101X Military Ambulatory Procedure Visit [same-day-surgeries]
  - 261QM1102X Military Outpatient Operational Component [deployed asset, such as an Air Transportable Clinic],
  - 261QM1103X Military APV Operational Component
  - 33xxxxxxxxx Pharmacy (for items dispensed to an outpatient)
  - 34xxxxxxxxA Military Ambulance, Ground
  - 34xxxxxxxxD Military Patient Transport, Ground

Summary

- Recommended Process for Enumerating Organizational Providers (NPI-Type 2)
  - Step 2 - ASD/HA issue a Policy Memorandum by X Date, 2005
  - Step 3 - Surgeons General issue Guidance to MTF Commanders by X Date, 2005
  - Step 4 – TMA UBO begin applying for Type 2 NPIs after May 23, 2005
  - Step 5 - All organizational providers that need a Type 2 NPI have obtained one and submitted to the designated data / repository by 23, 2007

Recommendation

- Approve the recommended process for enumerating Type 2 (organizational) providers

NPI IPT Next Steps

- Draft functional/systems requirements for use of the NPI, both Type 1 and Type 2
  - Target – September 30, 2004
- Develop system change requests and request for cost and schedule (based on functional/system requirements)
  - Target – October 15, 2004
- Draft Policy and UBO Guidance for enumeration of Type 2 (organizational) providers
  - Target – October 30, 2004
- Work with the National Uniform Claims Committee to get Provider Taxonomy definitions approved / published by January 2005

HIPAA Milestone Chart
National Provider Identifier IPT
(as of 08/23/04)

	Determination of Mission Need	PHASE 0 Concept Exploration	PHASE I Project Definition & Risk Reduction	PHASE II Mature & Finalize Design/Process	PHASE III Trans In/ Imp / Ops Support	
Tailored for TRICARE		***Identify Requirements***	***Develop Implementation/ Compl. Strategy***	***Implement Strategy***	***Option to Re-charter Implementation-Focus***	
Tailored for **HIPAA – National Provider Identifier**	***Determination of Mission Need*** ✓HIPAA Law Enacted Aug '96 ✓Release of NPI Final Rule Jan '04 ✓Identify IPT Members ✓Review / Analyze Final Rule ✓Approval of IPT Charter ✓Begin holding IPT and workgroup meetings	▪Determine enumeration process for both individual & organizational. providers ▪Determine requirements and policy guidance for NPI usage in HIPAA transactions and / or other uses ▪Determine systems and interfaces impacted ▪Draft functional & IM Requirements ▪Determine TRICARE contract requirements ▪Prepare draft contract mods ▪Draft SCRs for system changes ▪Develop draft Communications Plan	▪Refine functional & IM requirements & system impacts ▪Obtain and review cost estimates ▪Request IGCE ▪Develop implementation plan and compliance strategy ▪Develop draft provider education /communications materials ▪Begin development of compliance strategies and criteria ▪Draft NPI Type 1 & Type 2 Provider Enumeration Policies	▪Develop business process changes ▪Begin system changes ▪Finalize compliance plan ▪Disseminate policy & guidance for enumeration of providers ▪ Obtain & review IGCE ▪Finalize provider education / communication plan to include process for initial enumeration ▪Educate providers on initial enumeration process ▪Issue contract mods ▪Finalize Implementation Plan	***Implementation/ Systems Testing*** ▪Complete policy changes and business process changes ▪Test & evaluate system changes ▪Implement system changes ▪Implement policy and business changes	***Full Implementation of HIPAA NPI*** •Continue systems testing if needed ▪NPI Compliance due by May 2007 ▪Monitor Compliance

Start Date: 1/04

Milestone A
June 2004
IPT Chartered & Initial meeting held

Milestone B
Oct 2004
Requirements Identified

Milestone C
Dec 2004
Costs IDed & Implementation Plan Approved

Milestone D
May 2005
Begin Enumeration Compliance Strategy Approval

Dec 2005
Projected End

Projected End Date 12/07

ecision Points:

- Brief HSDSG on Individual Provider Enumeration Process – September 7 2004
- Determine System Requirements. October 2004

Current Issues:

- Submit implementation / compliance questions to CMS
- Determine NPI usage for other than HIPAA standard transactions

Legend: ✓ Task Completed | On Going | Caution | Progress Stopped | Current Phase

IPT Membership

Chief, Operational Architecture & HIPAA Electronic Standards	**Chair - Ms. Sherry McKenzie**
Office of the Surgeon General of the Army	**LTC Elaine Flemming**
Office of the Surgeon General of the Navy	**Ms. Stazy Godlewski**
Office of the Surgeon General of the Air Force	**Ms. Susan Brockman**
Office of the Chief Medical Officer/ Medical	**CAPT Mark Paris**
Office of Chief Med Officer/Dental	**Lt Col Allen Edwards**
Pharmacy Operations	**LCDR Dave Hardy**
Unified Biostatistics Utility Working Group / HPA&E	**CDR Tom Mihara**
Director, Data Quality & Functional Proponency / HPA&E	**Mr. Rich Barnett**
Privacy Office, TMA	**Mr. Sam Jenkins**
Contract Operations, OD	**Mr. Gene Ching**
Uniform Business Office, RM	**Lt Col Jeanne Yoder / Mr. TomSadauskas**
Communications and Customer Service	**Ms. Marcia Bonifas**
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